

## APPLICATION FOR SELF-INSURANCE CERTIFICATE

Name of Applicant:	CITY OF DETROIT		
Address:	2 Woodward Ave. Ste 611 Coleman A. Young Municipal Center		
City, State, Zip:	Detroit Michigan 48226		
(Name and Address as it is to appear on Certificate)			
Telephone No.:	(313) 628-1159	Fax No.:	(313) 224-4247
E-Mail Address:	Donalds@detroitmi.gov		

List the names and addresses of the three principal officers of the company:

1.	Name:	The City of Detroit is a Municipal Corporation of the State of Michigan		
	Title:	with no Officers or Directors exactly analogous to those of a Private Corporation.		
	Address:	A Non-Partisan Elected Mayor and a Nine Member City Council direct the affairs of the City		
	City, State, Zip:			
	Telephone No.:		Fax No.:	
	E-Mail Address:	1644~		
2.	Name:	Mr. Kevin Orr		
	Title:	Emergency Manager		
	Address:	1126 C.A.Y.M.C.		
	City, State, Zip:	Detroit, MI. 48226		
	Telephone No.:	(313) 224-3400	Fax No.:	313.224.4128
	E-Mail Address:	All scheduling request should be sent to: EMSchedulingRequest@detroitmi.gov		
3.	Name:			
	Title:			
	Address:			
	City, State, Zip:			
	Telephone No.:		Fax No.:	
	E-Mail Address:			

Name and address of representative authorized to receive and process claims:

Name:	James Nosedo		
Title:	Supervising Assistant Corporation Counsel		
Address:	2 Woodward, Ste. 5th Floor - Law Department		
City, State, Zip:	Detroit, MI. 48226		
Telephone No.:	(313) 237-3057	Fax No.:	(313) 224 5505
E-Mail Address:	NoseJ@detroitmi.gov		

5/11/13

20579/13

AMENDED

Name and address of person authorized to accept the invoice regarding the annual assessment for the Michigan Automobile Insurance Placement Facility, which maintains the Michigan Assigned Claims Plan:

Name:	Donald Settles		
Title:	Risk Manager		
Address:	2 Woodward, Ste. 611, Coleman A. Young Municipal Center, Risk Mgt. Division		
City, State, Zip:	Detroit, MI. 48226		
Telephone No.:	313.628-1159	Fax No.:	313 224-4247
E-Mail Address:	DonaldS@detroitmi.gov		

(A) The number of motor vehicles, excluding trailers, motorcycles, and mopeds registered in Michigan in the applicant's name as of the date of this application: A = 3,351

(B) The number of motor vehicles, not included in (A) including trailers with more than 2 wheels, but excluding motorcycles and mopeds owned by or registered to the Applicant, that are to be self-insured under this application, including motor vehicles or trailers having more than 2 wheels, rented or leased by the Applicant for more than 30 days. All motor vehicles, including trailers having more than 2 wheels must be accounted for in (A) or (B). In order to be self-insured under a Certificate of Self-Insurance issued for this application: B = 0

Total = 3351

Total Number of Vehicles (A + B):

Fill in Net Worth and Loss Reserve and cite reference (page number) as applicable to your Statement of Financial Status.

Net Worth: \$ (371,973,905) As documented in our audited Statement of Financial Status on page # 41

Loss Reserve: \$ 35,234,345 As documented in our audited Statement of Financial Status on page # 45

Name and address of financial institution in which Loss Reserve is maintained:

Name:	JP Morgan Chase
Address:	Michigan Florida Market
Address:	P.O. Box 659754
City, State, Zip:	San Antonio, TX 78265-9754

The Applicant hereby applies for the privilege of being a self-insurer under the No-Fault Insurance Act<sup>1</sup> and the Michigan Vehicle Code.<sup>2</sup> In consideration of the privilege of being certified as a self-insurer for the purposes of the No-Fault Insurance Act and the Michigan Vehicle Code, the Applicant hereby agrees to the following:

(a) To comply with all the provisions of the Michigan No-Fault Insurance Act, the Financial Responsibility Act,<sup>3</sup> and the Administrative Rules for no-fault self-insurers.<sup>4</sup>

(b) To notify the Director, promptly of any change in the Applicant's financial condition that may affect its ability to maintain the required loss reserve or of a reduction of the Applicant's net worth below that required by Rule 2 of the No-Fault Self-Insurance Rules<sup>5</sup> for the issuance of a Certificate of No-Fault Self-Insurance.

4/5/13